Substitute for	Substitute for form 1449A&B/PTO				Complete if Known		
				Application Number / Confirmation Number	10/783,589 / 1594		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Filing Date	02/20/2004		
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				Art Unit	2800		
(Use as many sheets as i	necessary)		Examiner Name	Unknown		
Sheet	1	of	1	Attorney Docket Number	X-1462-2P US		

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Examiner Cite		Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant			
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^{&#}x27;EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.